



## RWANDA: PEER EDUCATORS HELP TO PREVENT HIV/AIDS AND FIGHT STIGMA

On a misty day during the March-April season of the “short rains”, the scene is the district administrator’s office in a farming community of Kigoma in Gitarama Province, Rwanda. Kigoma and the surrounding countryside form the rural heartland of this Maryland-sized country, known for its cultivation of coffee and tea, and are located about two hours’ drive from the capital, Kigali. In a meeting room of this building two dozen young people, including 24-year-old Jean-Aime, sit quietly, watching a television screen in rapt attention. Jean-Aime and the others are carrying on a meeting of the district’s peer educators who have gathered this day to learn more--via the televised lecture before them-- about how to avoid the entrapment of HIV/AIDS and communicate what they learn to other rural youth like themselves.

On view is one facet of peer education. With an estimated 12.7% of Rwandan adults suspected of being HIV positive in 2000 according to UN figures, the Government of Rwanda and the major religious bodies in this deeply religious country joined hands with each other and USAID to put in place a multiyear program of information sharing, counseling and strategic planning to prevent the further expansion of the HIV/AIDS pandemic -- especially among the half of the population that is under the age of 24 and largely single. Adult peer coordinators, public health specialists and community leaders have worked together to develop the materials. But the spokespersons carrying the message to the young of abstinence on the one hand, and appropriate treatment and tolerance for those with the infection on the other, are youths themselves: Currently 3121 peer educators countrywide, chosen by members of the target population, voluntarily serve one-year appointments in their home districts delivering the carefully crafted public health messages intended to curb the spread of HIV/AIDS and dispel its myths.

Jean-Aime takes seriously his job of sensitizing his peers to the risks of HIV/AIDS, and increasing their self-confidence in making and standing by decisions to protect themselves and resist pressures to engage in sex against their will. In Kigoma, where Jean-Aime lives and farms, the local community comprises about 27,000 persons. Situated on small food-producing plots, these farm families build cohesion around their neighborhood schools and churches. To date, the youth have been open to the educators’ message. Forty-nine peer educators, rather evenly divided between males and females, have attracted the regular participation of roughly 87% of the target age group. Using fifteen themes which range from explaining the nature of HIV/AIDS and its consequences to strategies to ward off domestic violence, harassment and abuse, the peer educators confer monthly and host weekly meetings with young people to answer questions and promote HIV/AIDS prevention, treatment and care.

Jean-Aime lauds the program: “Because of the peer educators, I am a different person. My behavior has changed as I have worked to encourage change in others.” Others echoed his sentiments, noting approvingly that they are now “looked up to” in the community.

The statistics suggest this behavior change is real. Official statistics report that since 1998 the HIV prevalence rate in Rwanda has been dropping. However, different methods have been used to gather the statistics, so it has not been widely agreed that the actual prevalence has decreased. While the differential between urban and rural remains significant, with the infection rate highest in the capital Kigali, the latest available UN figures (2004) show a prevalence among all groups of 5.1%. At the same time, in rural communities like Kigoma where roughly 90% of Rwandans live and work, the rate is lowest, averaging around 2.8%. While young girls aged 15-24 remain particularly vulnerable, especially in towns, HIV/AIDS prevalence among this age group in rural areas is only slightly above the rural mean.

Moreover, peer educators like Jean-Aime have positively taken the initiative in the anti-HIV/AIDS battle. As they visited homes and grew increasingly aware of the extent of the needs of fellow community members, they brought the pressing cases of HIV-related need among their neighbors to the attention of their dioceses and local authorities. These authorities in turn began organizing community events to address these needs, including the collection of community resources (in cash and in kind) to, for example, defray school fees for a family, help with farm chores or replace a roof. The peer educators have been in the forefront of those who lend a hand. "Members of the community look up to my fellow peer educators and me as we have become leaders," said Jean-Aime.

In response to this entirely home-grown initiative in community mitigation, USAID's implementing partner, FHI/IMPACT, has updated and modified the peer educator guidebooks and training content to include community mobilization. Since 2004, this latter dimension has been fully integrated in the peer educators' message and the payoff in mobilization campaigns partnered with church leaders and local authorities is indisputable. During community meetings, dozens of those who are HIV/AIDS-affected comment that they feel less isolated than was the case in the past. USAID plans to conduct an analysis of the precise impact of this kind of outreach later in 2005. But the peer educators are already gratified that they have helped to make a difference. "Contracting HIV/AIDS in Kigoma is not like having contracted cancer," said Jean-Aime. "But the perception of stigma in our community is growing weaker."

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